

1 John J. Verber, State Bar No. 139917
2 James Y. Higa, State Bar No. 225683
3 BURNHAM BROWN
4 A Professional Law Corporation
5 P.O. Box 119
6 Oakland, California 94604

7 1901 Harrison Street, 11th Floor
8 Oakland, California 94612
9 Telephone: (510) 444-6800
10 Facsimile: (510) 835-6666
11 Email: jverber@burnhambrown.com
12 jhiga@burnhambrown.com

13 Attorneys for Defendant
14 RAMON J. ALCANTAR individually and in his capacity as
15 a police officer for the City of Oakland

16 UNITED STATES DISTRICT COURT

17 FOR THE NORTHERN DISTRICT OF CALIFORNIA

18 MIGUEL ORTEGA, BENJAMIN ORTEGA,
19 a minor, by and through his Guardian Ad
20 Litem, ANA ROSA ORTEGA

21 Plaintiff,

22 v.

23 CITY OF OAKLAND, OAKLAND POLICE
24 DEPARTMENT, WAYNE TUCKER, in his
25 capacity as the Police Chief of the City of
26 Oakland, SGT. BERNARD ORTIZ,
27 individually and in his capacity as a police
28 officer for the City of Oakland, OFC.
29 RAMON J. ALCANTAR, individually and in
30 his capacity as a police officer for the City of
31 Oakland, and DOES 1 THROUGH 200,
32 inclusive,

33 Defendants.

No. C-07-02659 JCS

**DEFENDANT RAMON J. ALCANTAR'S
OBJECTIONS TO PLAINTIFF'S
DEPOSITION DESIGNATIONS OF
THE TESTIMONY OF DR. SEAN
HANEY AND COUNTER
DESIGNATIONS**

Trial Date: December 1, 2008
Time: 8:30 a.m.
Location: Courtroom A
Judge: Joseph C. Spero, Magistrate
Judge of the United States
District Court

At ruling

34 Defendant RAMON J. ALCANTAR ("Ofc. Alcantar") articulates the following
35 objections to Plaintiff's designations of trial testimony of Dr. Sean Haney, MD, in the above-
36 captioned matter, and Ofc. Alcantar's counter designations where appropriate.

37 DEFENDANT RAMON J. ALCANTAR'S
38 OBJECTIONS TO PLAINTIFF'S DEPOSITION
39 DESIGNATIONS OF THE TESTIMONY OF DR.
40 SEAN HANEY AND COUNTER DESIGNATIONS

Plaintiff's Designation(s)	Ofc. Alcantar's Objection(s)	Ofc. Alcantar's Counter Designations/Supplemental Designations
18:1-25	18:20-25: Hearsay <i>overlaid</i>	
27:3-11	27:3-11: Insufficient Foundation (in that designated testimony is an incomplete articulation of Dr. Haney's actual testimony on this issue).	27:1-25 <i>OK</i>
		30:1-3 (Follow-up testimony regarding lack of scarring on Plaintiff's right wrist at time of first visit). <i>OK</i>
		32:19-33:6 (Additional opinion testimony regarding possibility of exacerbation based on Plaintiff's gap in treatment) <i>OK</i>
		34:7-19 (Additional opinion testimony regarding cause of injury) <i>OK</i>
	<i>submitted on 8-24</i>	34:20-35:4 (Testimony regarding scarring not visible at time of first visit) <i>OK</i>
36:19-25	36:19-25: Hearsay	36:8-13 <i>OK</i>
37:1-19	37:12-19: Lacks foundation; Improper hypothetical; <i>overlaid</i>	

DEFENDANT RAMON J. ALCANTAR'S
 OBJECTIONS TO PLAINTIFF'S DEPOSITION
 DESIGNATIONS OF THE TESTIMONY OF DR.
 SEAN HANEY AND COUNTER DESIGNATIONS

1		Assumes facts not in	
2		evidence	
3	38:2-4	38:2-4: Unintelligible	<i>estained</i>
4		citation contains no	
5		testimony	
6	38:7-23; 38:16-25; 39:1-11	38:7-23; 38:16-25; 39:1-11:	<i>sustained</i>
7		Lacks foundation; Improper	
8		hypothetical; Assumes facts	
9		not in evidence	

10
11
12 DATED: November 17, 2008

BURNHAM BROWN

13
14 /s/ James Y. Higa 11/18/2008

15 James Y. Higa, Esq.
16 BURNHAM BROWN
17 Attorneys for Defendant
18 OFC. RAMON J. ALCANTAR, individually
19 and in his capacity as a police officer for the
20 City of Oakland

21
22
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24
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DEFENDANT RAMON J. ALCANTAR'S
OBJECTIONS TO PLAINTIFF'S DEPOSITION
DESIGNATIONS OF THE TESTIMONY OF DR.
SEAN HANEY AND COUNTER DESIGNATIONS

MIGUEL ORTEGA, et al.,)
)
 Plaintiffs,)
)
 vs.) No. C07-02659 JCS
)
 CITY OF OAKLAND, et al.,)
)
 Defendants.)

REPORTED BY:
Dominique Isabeau
CSR No. 7076

1	MONDAY, JULY 21, 2008	10:53 A.M.	
2	PROCEEDINGS		09:20:55
3	(Whereupon, Deposition Exhibits 1 through		10:52:00
4	12 were pre-marked for identification.)		10:52:00
5	THE VIDEOGRAPHER: On the record.		10:52:00
6	My name is Stewart Pettigrew. I'm a qualified		10:52:41
7	video technician and a notary public for the County of		10:52:44
8	Alameda, State of California. I'm videotaping on behalf		10:52:47
9	of Televideo Production Services at 3655 Grand Avenue in		10:52:50
10	Oakland, California, 94610.		10:52:56
11	Today's date is July 21st, 2008, and the		10:52:59
12	present time on the monitor is approximately 10:53 a.m.		10:53:02
13	The location of this deposition is Kaiser Medical Center		10:53:06
14	at 235 West MacArthur, Oakland, California.		10:53:10
15	Today's witness is Dr. Sean Haney, M.D., in		10:53:14
16	the case of Miguel Ortega and others versus the City of		10:53:19
17	Oakland and others, Case No. C07-02659 JCS, filed in the		10:53:24
18	United States District Court, Northern District of		10:53:31
19	California.		10:53:35
20	This deposition was noticed by Steven Jacobsen		10:53:35
21	for the defendant.		10:53:38
22	MR. VOSE: No, it was noticed by Charles Vose		10:53:39
23	for defendant.		10:53:44
24	(Discussion off the record.)		10:53:49
25	THE VIDEOGRAPHER: Would counsel for the		10:53:53

30

1	<u>Q.</u> <u>Did you notice any scarring or any other type</u>	<u>11:30:53</u>
2	<u>of visible injury to that area on that day?</u>	<u>11:30:56</u>
3	<u>A.</u> <u>No.</u>	<u>11:31:00</u>
4	<u>Q.</u> Was there -- I mean, as you sit here today,	11:31:02
5	was there anything about Mr. Ortega, his demeanor or	11:31:07
6	affect, that you felt particularly noteworthy on that	11:31:10
7	first visit that you had with him?	11:31:13
8	<u>A.</u> Long time ago.	11:31:17
9	<u>Q.</u> That's fair. Is that a: you don't recall?	11:31:19
10	<u>A.</u> That's: I don't recall.	11:31:24
11	<u>Q.</u> Okay. Which is a perfectly acceptable answer	11:31:25
12	in this deposition.	11:31:28
13	<u>A.</u> Okay.	11:31:29
14	<u>Q.</u> You described his injury as being -- I won't	11:31:33
15	go back over it, but, essentially, it was a ligament	11:31:37
16	injury and a tissue injury --	11:31:40
17	<u>A.</u> Uh-huh.	11:31:42
18	<u>Q.</u> -- I guess, to the dorsal aspect of his right	11:31:42
19	hand or wrist area, as well as leading up toward the	11:31:45
20	thumb. Is that a fairly general reasonable	11:31:50
21	approximation of what you described?	11:31:53
22	<u>A.</u> That's correct.	11:31:54
23	<u>Q.</u> And you've been working with Kaiser in the	11:31:58
24	orthopedic department for -- I think you said three	11:32:01
25	years?	11:32:04

1	Q.	Would you have expect -- strike that.	11:33:32
2		Would you have expected there to be any	11:33:37
3		complaints of pain or discomfort immediately after the	11:33:43
4		accident, based on the description of the injury that --	11:33:48
5		or the mode of injury that Mr. Ortega gave you?	11:33:51
6	A.	Yes, I would. I would be surprised if this	11:33:55
7		came on later.	11:33:57
8	Q.	I'm just trying to formulate the question in	11:34:07
9		my mind.	11:34:10
10		What would be the reasons to place Mr. Ortega	11:34:13
11		in a cast, given the injuries that you diagnosed?	11:34:18
12	A.	If you stretch out the ligaments, what you	11:34:21
13		basically want to do is protect them from being further	11:34:24
14		stretched by movement, so you put them in a cast. They	11:34:27
15		can't move it. And that way, you decrease the pain	11:34:31
16		somebody feels, and you'll also allow these things to	11:34:34
17		kind of become stiff. And a lot of times, just rest	11:34:36
18		with a cast and people get better.	11:34:40
19	Q.	<u>Would -- you know, this case, I think we</u>	<u>11:34:43</u>
20		<u>discussed the fact that there was a three-month gap</u>	<u>11:34:46</u>
21		<u>between the, I guess, the one visit with a doctor in the</u>	<u>11:34:50</u>
22		<u>Kaiser medical group and then the visit with you in</u>	<u>11:34:57</u>
23		<u>August of 2006. Would unrestricted movement of the kind</u>	<u>11:34:59</u>
24		<u>that a cast is designed to restrict in that period of</u>	<u>11:35:05</u>
25		<u>time, would that have exacerbated the injury?</u>	<u>11:35:08</u>

1	<u>A. For the numbness, no. (Indicating.) Probably</u>	<u>11:35:13</u>
2	<u>not. For the ligaments, kind of -- "exacerbated" is a</u>	<u>11:35:16</u>
3	<u>strong word. Sometimes things percolate a little longer</u>	<u>11:35:22</u>
4	<u>than necessary, but barring any major stuff, usually,</u>	<u>11:35:26</u>
5	<u>you know, if you don't do anything, other trauma, fall</u>	<u>11:35:29</u>
6	<u>off a motorcycle, usually it will get better.</u>	<u>11:35:34</u>
7	MR. HIGA: I think those are all the questions	11:35:42
8	I have.	11:35:43
9	FURTHER EXAMINATION BY MR. VOSE	11:35:43
10	MR. VOSE: Q. I just have one other question	11:35:44
11	and I'll try to formulate it so it makes sense.	11:35:46
12	The type of injury that occurred on -- again,	11:35:53
13	I'm referring to the top of the wrist area. Would that	11:35:57
14	injury be caused or could that injury be caused -- or	11:36:03
15	how would that kind of an injury typically be caused?	11:36:07
16	Let me ask you that, first.	11:36:09
17	A. If it's -- there's two things. So, if it's --	11:36:12
18	and it's difficult to say for sure, but if you have a	11:36:14
19	retinaculum, soft tissue, you stretch it, it's	11:36:18
20	irritated. Stretch it -- at the same time, you could be	11:36:21
21	stretching out the ligaments. So, either one of these	11:36:23
22	are perfectly plausible injuries, mechanism of injury,	11:36:25
23	can be treated the same way. So, basically, you stretch	11:36:33
24	it and you kind of stretch out the whole tissue, soft	11:36:36
25	tissue, and people feel discomfort, pain, so.... And	11:36:40

1 then, you know, without necessarily tearing it, where 11:36:45
2 you need to go in to operate or anything like that. 11:36:49

3 Q. So, typically, that type of injury, then, if I 11:36:52
4 understand, would be caused by a stretching kind of an 11:36:55
5 action on that ligament? 11:36:59

6 A. Yes, more likely. 11:37:02

7 Q. Now, would -- could that kind of injury be 11:37:04
8 caused simply by putting pressure, without any movement, 11:37:08
9 but simply pressure on that injury -- or on that 11:37:11
10 ligament? Excuse me. 11:37:16

11 A. A little surprising, just pressure. And if 11:37:17
12 you fell -- I've seen people fall and they've done that 11:37:19
13 (demonstrating), and that's done. But just pushing on 11:37:24
14 it.... 11:37:26

15 Q. Is that a "no" or "unlikely"? 11:37:30

16 A. It's unlikely. 11:37:33

17 Q. So it really is a stretching kind of an 11:37:35
18 injury? 11:37:37

19 A. Yes. 11:37:38

20 Q. Okay. When you examined Mr. Ortega on August 11:37:38
21 29, did you notice any injury to the -- to his skin in 11:37:45
22 the area of the injury? 11:37:54

23 A. Not -- no. Typically, we -- we're not 11:37:55
24 perfect. We try to write these things down. But, for 11:37:58
25 example, I've had patients who see (sic) obvious 11:38:01

1	<u>scarring or it's a fresh injury, then you see these</u>	11:38:04
2	<u>things. We try to write them down the best we can. I</u>	11:38:07
3	<u>didn't write any of that down, so my assumption is that</u>	11:38:10
4	<u>there was no swelling and there was no scarring there.</u>	11:38:13
5	MR. VOSE: Okay. Okay. That's it for me.	11:38:15
6	EXAMINATION BY MR. JACOBSEN	11:38:20
7	MR. JACOBSEN: Q. Dr. Haney, my name is	11:38:21
8	Steven Jacobsen. I represent your patient, Benjamin	11:38:23
9	Ortega. I do have a few questions for you.	11:38:27
10	Your diagnosis on August 29 was a ligamentous	11:38:29
11	strain, correct?	11:38:35
12	A. Right.	11:38:36
13	Q. But you also had:	11:38:36
14	"Differential diagnosis also includes	11:38:37
15	synovial fibrosis/impingement following	11:38:40
16	ligamentous injury."	11:38:53
17	A. Sometimes if you damage the capsule of the	11:38:55
18	joint, so, for example, if you take an ankle, you can	11:38:58
19	get -- inside the joint capsule is what we call	11:39:02
20	synovium. That's where it lines the joint. Sometimes	11:39:05
21	that tissue can react by getting a little thickened and	11:39:08
22	irritated and you can get a synovitis. We see a lot	11:39:11
23	more ankle injuries and that happens. It's not rare.	11:39:17
24	You do see it a lot in ankle injuries.	11:39:20
25	Q. At the time you saw Mr. Ortega, you felt that	11:39:25

1	that was also a possibility in his case?	11:39:27
2	A. Uh-huh.	11:39:30
3	Q. Yes?	11:39:30
4	A. If I wrote it as part of the differential,	11:39:31
5	it's out there as a possibility.	11:39:34
6	Q. When you saw him again on September 19, was	11:39:36
7	that no longer part of your diagnosis?	11:39:42
8	A. <u>Essentially, when I saw him on the 19th, he</u>	11:39:46
9	<u>was significantly better or resolved. So, in essence,</u>	11:39:49
10	<u>whether it was synovitis or a retinaculitis or a</u>	11:39:51
11	<u>ligament strain, it's gone. He's better. So, we just</u>	11:39:57
12	<u>kind of -- we don't go working up what it could have</u>	11:40:00
13	<u>been if it's all gone.</u>	11:40:03
14	Q. Now, on the 19th of September, when you saw	11:40:06
15	him for the second time, your records indicate that your	11:40:09
16	assessment was "ligamentous strains improved," correct?	11:40:13
17	A. Uh-huh.	11:40:18
18	Q. Yes?	11:40:19
19	A. Yes.	11:40:19
20	Q. But you didn't say "resolved" at that time,	11:40:21
21	correct?	11:40:23
22	A. No, I did not use the word "resolved," but he	11:40:24
23	had no tenderness over there, so I probably could have	11:40:26
24	been stronger and said "resolved."	11:40:29
25	Q. Did he have decreased sensation to light touch	11:40:32

1 described in which his wrist was bent down by a police 11:46:25

2 officer? 11:46:30

3 A. I rely on what people tell me and, you know, I 11:46:31

4 rely on what the patient tells me. 11:46:36

5 Q. And given your experience and training, is 11:46:41

6 that consistent with what he told you? 11:46:43

7 A. It goes -- I mean, I wasn't there. I don't 11:46:46

8 know how much the wrist was bent, but, theoretically, 11:46:48

9 yes, it could happen and -- but, you know, it's -- yes. 11:46:52

10 MR. JACOBSEN: Thank you, Doctor. 11:46:59

11 MR. HIGA: I have nothing. 11:47:02

12 THE VIDEOGRAPHER: This concludes the 11:47:06

13 deposition of Dr. Sean Haney, M.D. The present time is 11:47:08

14 11:47. The electronic record contains one video disk, 11:47:11

15 the originals to be retained by Televideo Production 11:47:18

16 Services at 3655 Grand Avenue in Oakland, California, 11:47:21

17 94610, phone, (510) 893-0555. Copies are available to 11:47:25

18 interested parties unless otherwise stipulated. 11:47:33

19 We're now off the record. 11:47:36

20 (Deposition adjourned at 11:47 a.m.) 11:47:38

21 --oOo--

22

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25

1 **STEVEN R. JACOBSEN, BAR NO. 95246**
 2 **srj@theaccidentallawyer.com**
 3 **BRENDA D. POSADA, BAR NO. 152480**
 4 **bdp@theaccidentallawyer.com**
 5 **LAW OFFICES OF STEVEN R. JACOBSEN**
 6 **901 CLAY STREET**
 7 **OAKLAND, CALIFORNIA 94607**
 8 **TELEPHONE: (510) 465-1500**

9 **ATTORNEY FOR PLAINTIFF**
 10 **BENJAMIN ORTEGA**

11 **IN THE UNITED STATES DISTRICT COURT**
 12 **NORTHERN DISTRICT OF CALIFORNIA**

13 **MIGUEL ORTEGA, BENJAMIN**
 14 **ORTEGA, A Minor, By And Through**
 15 **His Guardian Ad Litem, ANA ROSA**
 16 **ORTEGA,**

17 **Plaintiffs,**

18 **vs.**

19 **CITY OF OAKLAND, OAKLAND**
 20 **POLICE DEPARTMENT, CHIEF**
 21 **WAYNE TUCKER, In His Capacity As**
 22 **The Police Chief Of The City Of**
 23 **Oakland, RAMON J. ALCANTAR,**
 24 **Individually And In His Capacity As A**
 25 **Police Officer For The City Of Oakland,**
 26 **BERNARD ORTIZ, Individually And In**
 27 **His Capacity As A Police Officer For**
 28 **The City Of Oakland, and Does 1**
 through 200,

Defendants.

) Case No.: C-07-02659 JCS

) **PLAINTIFF'S RESPONSE TO THE**
) **DEFENDANT ALCANTAR'S OBJECTIONS**
) **TO DEPOSITION DESIGNATIONS**
) **OF THE TESTIMONY OF DR. SEAN HANEY**

Chulmize

) Trial Date: December 1, 2008

Plaintiff hereby submits the following response to the objections to the plaintiff's designations of deposition testimony of Dr. Sean Haney who will be appearing by deposition in lieu of live testimony. Plaintiff submits the following designation in conformity with Case Management and Pretrial Order dated November 20, 2007.

Ofc. Alcantar's Objections	Ofc. Alcantar's Counter Designations/Supplemental Designations	Plaintiff's Response
18:20-25 Hearsay		Disputed. A non-retained expert may rely on hearsay statements in forming expert opinions. FRE 703
27:3-11 Insufficient Foundation (in that designated testimony is an incomplete articulation of Dr. Haney's actual testimony on this issue).	27:1-25	Undisputed. Plaintiff accepts defendant's counter-designation.
	30:1-3 (Follow-up testimony regarding lack of scarring on plaintiff's right wrist at time of first visit.)	Undisputed. Plaintiff accepts defendant's counter-designation.
	32:19-33:6 (Additional opinion testimony regarding possibility of exacerbation based on Plaintiff's gap in treatment)	Objection. Lacks foundation. Calls for speculation. Assumes facts not in evidence. <i>overlaid</i>
	34:7-19 (Additional opinion testimony regarding cause of injury)	Objection. Lacks foundation. Calls for speculation. Assumes facts not in evidence. <i>overlaid</i>
	34:20-35:4 (Testimony regarding scarring not visible	Objection. Lacks foundation. Calls for speculation. <i>overlaid</i>

DATED: November 20, 2008

By BRENDA D. POSADA
STEVEN R. JACOBSEN
Attorneys for Plaintiff Benjamin Ortega

1 STEVEN R. JACOBSEN, BAR NO. 95246
srj@theaccidentallawyer.com
2 BRENDA D. POSADA, BAR NO. 152480
bdp@theaccidentallawyer.com
3 LAW OFFICES OF STEVEN R. JACOBSEN
901 CLAY STREET
4 OAKLAND, CALIFORNIA 94607
TELEPHONE: (510) 465-1500

5 ATTORNEY FOR PLAINTIFF
6 BENJAMIN ORTEGA

7
8 IN THE UNITED STATES DISTRICT COURT
9 NORTHERN DISTRICT OF CALIFORNIA
10

11 MIGUEL ORTEGA, BENJAMIN
ORTEGA, A Minor, By And Through
12 His Guardian Ad Litem, ANA ROSA
ORTEGA,

13 Plaintiffs,

14 vs.

15 CITY OF OAKLAND, OAKLAND
POLICE DEPARTMENT, CHIEF
16 WAYNE TUCKER, In His Capacity As
The Police Chief Of The City Of
17 Oakland, RAMON J. ALCANTAR,
Individually And In His Capacity As A
18 Police Officer For The City Of Oakland,
BERNARD ORTIZ, Individually And In
19 His Capacity As A Police Officer For The
City Of Oakland, and Does 1 through
20 200,

21 Defendants.
22

) Case No.: C-07-02659 JCS

) PLAINTIFF'S DEPOSITION DESIGNATIONS
OF THE TESTIMONY OF DR. SEAN HANEY

Cf Reelings

) Trial Date: December 1, 2008

23 Plaintiff hereby submits the following designations of deposition testimony of Dr. Sean
24 Haney who will be appearing by deposition in lieu of live testimony. Plaintiff submits the
25 following designation in conformity with Case Management and Pretrial Order dated November
26 20, 2007.

27 The following excerpts hereto attached are taken from the transcript of Deposition of
28

1 Sean M. Haney, M.D. taken July 21, 2008, specifically:

2 ~~7:15-18~~

3 9:6-25

4 10:1-16

5 10:23-25

6 11:1-2

7 11:4-20

8 12:6-12

9 12:14-25

10 13:1-25

11 14:1-14

12 15:1-2

13 17:13-25

14 18:1-25

15 19:1-3

16 19:6-11

17 19:18-22

18 20:6-23

19 21:1-16

20 22:22-25

21 23:1-25

22 24:5-25

23 25:1-2

24 25:5-25

25 26:1-25

26 27:3-11

27 28:1-25

28 29:1-4

29:13-25

31:2-17

31:19-25

33:15-25

34:1-6

35:10-25

36:1-16

36:19-25

37:1-19

38:2-4

38:7-13

38:16-25

39:1-11

40:18-25

41:1-10

The above pages are attached hereto as Exhibit A with objections and certain language interlineated in order to provide for a smooth flow during the re-reading of the testimony at trial.

DATED: October 31, 2008

Respectfully submitted,
LAW OFFICES OF STEVEN R. JACOBSEN

By Brenda D. Posada
BRENDA D. POSADA
STEVEN R. JACOBSEN
Attorneys for Plaintiff Benjamin Ortega

EXHIBIT A

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

MIGUEL ORTEGA, et al.,)
)
Plaintiffs,)
)
vs.)
)
CITY OF OAKLAND, et al.,)
)
Defendants.)

No. C07-02659 JCS

**CERTIFIED
COPY**

DEPOSITION OF SEAN M. HANEY, M.D.

OAKLAND, CALIFORNIA

MONDAY, JULY 21, 2008

REPORTED BY:

Dominique Isabeau

CSR No. 7076

**USLEGAL
SUPPORT**

Certified Shorthand Reporters

180 Montgomery Street
Suite 2180
San Francisco, CA 94104

888-575-3376 • Fax 888-963-3376

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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

MIGUEL ORTEGA, et al.,)
)
 Plaintiffs,)
)
 vs.) No. C07-02659 JCS
)
 CITY OF OAKLAND, et al.,)
)
 Defendants.)
)

Deposition of SEAN M. HANEY, M.D., taken on
behalf of the defendants, at 235 West
MacArthur Boulevard, Room 669, Oakland,
California 94611, beginning at 10:53 a.m. and
ending at 11:47 a.m., on Monday, July 21,
2008, before Dominique Isabeau, CSR No. 7076.

10:53:54 1 parties please identify themselves and for whom they're
10:53:57 2 appearing?

10:53:58 3 MR. VOSE: Charles Vose, Deputy City Attorney,
10:54:00 4 appearing for the City of Oakland, Oakland Police
10:54:03 5 Department, Chief Wayne Tucker and Sergeant Bernard
10:54:07 6 Ortiz.

10:54:09 7 MR. HIGA: James Higa appearing on behalf of
10:54:10 8 Officer Ramon Alcantar.

10:54:13 9 MR. JACOBSEN: Steven Jacobsen appearing on
10:54:14 10 behalf of plaintiffs.

10:54:16 11 THE VIDEOGRAPHER: Thank you. Would counsel
10:54:16 12 please state any stipulations or statements they would
10:54:19 13 like on the record at this time?

10:54:21 14 MR. VOSE: Not at this time.

10:54:23 15 THE VIDEOGRAPHER: The reporter may now swear
10:54:24 16 the witness.

10:54:27 17 SEAN M. HANEY, M.D.,
10:54:27 18 having been duly sworn, testified as follows:

10:54:27 19

09:20:55 20 EXAMINATION BY MR. VOSE

10:54:37 21 MR. VOSE: Q. Morning, Dr. Haney.

10:54:38 22 A. Good morning.

10:54:39 23 Q. My name is Charles Vose. I represent the City
10:54:43 24 of Oakland as well as the chief of police and a police
10:54:46 25 sergeant in this matter.

10:55:52 1 best -- your best estimate regarding something. So, if
10:55:58 2 I ask a question that asks you to estimate, while your
10:56:02 3 answer may not be precise, I'm entitled to your best
10:56:05 4 estimate in that regard.

10:56:07 5 A. Uh-huh.

10:56:08 6 Q. I wanted to preliminarily go through your
10:56:13 7 background. Where did you obtain your medical degree?

10:56:17 8 A. From the Karolinska Institute in Stockholm,
10:56:20 9 Sweden.

10:56:22 10 Q. What year was that?

10:56:23 11 A. 1999.

10:56:25 12 Q. Where did you -- following that, you did
10:56:27 13 work -- residency work?

10:56:28 14 A. Yes.

10:56:28 15 Q. Where was that?

10:56:29 16 A. Mayo -- I did internship at Mayo Clinic and
10:56:33 17 residency at UCLA.

10:56:35 18 Q. UCLA?

10:56:36 19 A. Yes.

10:56:36 20 Q. Was that residency -- did you specialize in
10:56:39 21 any particular area?

10:56:40 22 A. I specialized in family medicine and I did a
10:56:44 23 fellowship in sports medicine, essentially,
10:56:46 24 non-operative orthopedics. That's what I've been doing
10:56:49 25 for the last three years here at Kaiser.

10:56:52 1 Q. And so you've worked at Kaiser for three
10:56:53 2 years?

10:56:54 3 A. Yes.

10:56:54 4 Q. Is that, all those three years, here in
10:56:57 5 Oakland?

10:56:58 6 A. Yes.

10:56:59 7 Q. Now, you said you -- so, you basically
10:57:01 8 specialize in, you said, in orthopedic --

10:57:04 9 A. Yes.

10:57:05 10 Q. -- injuries?

10:57:06 11 A. Yes.

10:57:10 12 Q. And you brought -- included with the
10:57:12 13 deposition notice today is a subpoena duces tecum for
10:57:16 14 medical records. You brought those medical records with
10:57:19 15 you?

10:57:20 16 A. Yes, I did.

10:57:21 17 Q. Okay.

10:57:24 18 Steve, any questions that you want to ask
10:57:25 19 regarding his background and training before we go
10:57:27 20 forward?

10:57:28 21 ~~MR. JACOBSEN: No. Thank you.~~

10:57:29 22 ~~MR. VOSE: Okay.~~

10:57:33 23 Q. Dr. Haney, when did you first treat Mr.
10:57:37 24 Ortega? When I say "Mr. Ortega," I'm referring to
10:57:39 25 the ~~one of the~~ plaintiff in this case, Benjamin

JCS

10:57:43 1

Ortega.

10:57:44 2

A. August 29th, 2006.

10:57:49 3

Q. ~~And so you were not his -- well, strike that.~~

10:57:55 4

Why were you assigned to treat Mr. Ortega or

10:58:00 5

how did you come to treat Mr. Ortega?

10:58:02 6

A. So, basically, he sustained an injury, which

10:58:05 7

pediatrics -- he had come back to pediatrics, and then

10:58:10 8

if somebody has continued orthopedic pain or

10:58:13 9

musculoskeletal pain, they'll refer them to see somebody

10:58:16 10

within the orthopedic department.

10:58:20 11

Q. So he was a referral to the orthopedic

10:58:23 12

department?

10:58:23 13

A. Yes.

10:58:25 14

Q. So you first treated him, you said, on

10:58:27 15

August 29?

10:58:28 16

A. Yes. August 29, 2006.

10:58:31 17

Q. So you were not his treating physician when he

10:58:35 18

initially came to Kaiser for the injury that you

10:58:48 19

ultimately treated him for?

10:58:50 20

A. No, I was not.

10:58:51 21

Q. ~~It's important that I get the whole question~~

10:58:53 22

~~out. I know it's a habit, and I do the same thing.~~

10:58:56 23

A. ~~Sorry. In our business, it's, like, you got~~

10:58:57 24

~~to -- so, I'll try to do better.~~

10:59:00 25

Q. ~~We get you for a whole hour, so just --~~

10:59:03 1

A. ~~Sorry.~~

10:59:07 2

Q. ~~Now, prior to treating Mr. Ortega on August~~

10:59:12 3

29th, did you have an occasion to review his medical

10:59:16 4

chart related to this injury?

10:59:18 5

A. ~~No, I did not.~~

10:59:20 6

Q. And while you were treating -- so, when you --

10:59:24 7

when the referral came to you, what was the nature of

10:59:27 8

the injury that you were asked to treat Mr. Ortega for?

10:59:31 9

A. For wrist pain. For wrist pain.

10:59:36 10

Q. No other injuries?

10:59:38 11

A. No.

10:59:46 12

Q. So, when you saw Mr. Ortega on August 29th,

10:59:52 13

~~what did you do? What did you -- what did you~~

10:59:57 14

~~determine -- excuse me. Strike that.~~ What did you talk

11:00:00 15

to him about?

11:00:00 16

A. So, I talked about how this occurred, where he

11:00:04 17

was hurting, how long has he had the pain, and then that

11:00:09 18

sort of started the visit.

11:00:12 19

Q. What did he say with respect to how the injury

11:00:14 20

occurred?

11:00:15 21

A. He said he was cuffed and his hands were in a

11:00:19 22

flexed position.

11:00:26 23

Q. And when did he indicate that that happened?

11:00:30 24

A. When I had seen him, approximately three and a

11:00:32 25

half months prior.

11:00:43 1 Q. And what type of pain or ongoing problem did
11:00:48 2 he describe to you?

11:00:49 3 A. He described some pain on the dorsal aspect of
11:00:53 4 his wrist and some numbness over a certain area of his
11:00:57 5 thumb.

11:00:57 6 Q. You said the dorsal aspect of his wrist.
11:00:57 7 You're talking about the upper -- the part of his wrist
11:01:00 8 that would be adjacent to the back of his hand?

11:01:02 9 A. Correct. Dorsal.

11:01:04 10 Q. And then also his thumb, you said?

11:01:07 11 A. He complained of numbness in this area.

11:01:11 12 (Indicating.)

11:01:25 13 Q. And so you proceeded to do an examination?

11:01:28 14 A. Correct.

11:01:29 15 Q. And what constituted your examination of him?

11:01:33 16 A. Checking out his range of motion, where he
11:01:36 17 hurt, and then determining if he indeed had a decreased
11:01:44 18 sensation over a certain area.

11:01:51 19 Q. What were your conclusions with regard to that
11:01:55 20 examination that you did?

11:01:56 21 A. He had some pain over the dorsal aspect of his
11:01:59 22 wrist around this area and he had some decreased
11:02:03 23 sensation to light touch around this area, around the
11:02:08 24 thumb. (Indicating.)

11:02:09 25 Q. Now, with respect to the pain, how were you

11:02:15 1 able to determine from your examination that he had pain
11:02:17 2 in the ~~Wrist~~ wrist?

11:02:20 3 A. Usually it's palpation, so we'll feel, when
11:02:25 4 somebody complains about pain, we'll feel the area. And
11:02:27 5 sometimes we'll do some movements or something to see if
11:02:31 6 we can reproduce the pain.

11:02:33 7 Q. Is that what you did in this case?

11:02:34 8 A. Yes, I did.

11:02:36 9 Q. ~~So you were able to determine~~ when you were
11:02:39 10 doing that examination, did he react some way?

11:02:42 11 A. Yes. He had some pain with wrist -- resisted
11:02:46 12 wrist extension, so that seemed to hurt him, and then
11:02:49 13 this hurt him as well. (Demonstrating.)

11:03:02 14 Q. Do you know about how long your examination of
11:03:04 15 Mr. Ortega took?

11:03:07 16 A. The examination itself or the whole visit?

11:03:10 17 Q. Well, the whole visit.

11:03:12 18 A. Probably ten to 15 minutes, something like
11:03:14 19 that.

11:03:16 20 Q. And was -- do you remember if Mr. Ortega was
11:03:19 21 accompanied by anyone?

11:03:22 22 A. I think he was there with either his mother or
11:03:25 23 a girlfriend or something. I don't remember
11:03:28 24 specifically. I think he had company that day, but I
11:03:30 25 don't remember.

11:03:49 1 Q. And which hand was this?

11:03:54 2 A. Right.

11:03:55 3 Q. His right hand.

11:04:00 4 Now, prior to or during the time that you
11:04:06 5 treated Mr. Ortega, did you have occasion to look at his
11:04:10 6 medical charts, his Kaiser medical records?

11:04:16 7 A. I looked at some of his records, yes.

11:04:20 8 Q. Do you remember when that was that you looked
11:04:21 9 at those records?

11:04:22 10 A. When I saw him initially on the 29th.

11:04:25 11 Q. So, that day?

11:04:26 12 A. Yes.

11:04:27 13 Q. And did you, in reviewing those records, look
11:04:35 14 at records related to an injury that he sustained when
11:04:42 15 he was -- in 1997, when he was about six years old?

11:04:47 16 A. No.

11:04:59 17 Q. I'm going to show you -- I guess I'll have
11:05:01 18 these marked. Let's see.

11:05:31 19 I'm going to have these -- can you mark these
11:05:33 20 as two -- well, why don't you mark them as two separate
11:05:40 21 exhibits.

11:05:40 22 (Whereupon, Deposition Exhibits 13 and 14
11:05:40 23 was marked for identification.)

11:06:00 24 MR. VOSE: Q. I'm showing you what's been
11:06:02 25 marked as Exhibits 13 and 14. And can you take a chance

11:06:06 1 to review, take a minute to review those records?

11:06:10 2 A. (Reviews documents.) Yes, I can.

11:06:30 3 Q. And what do those records talk about?

11:06:36 4 A. This indicates that he, as a six-year-old,
11:06:39 5 fell down and injured his right elbow, Spanish-speaking
11:06:44 6 gentleman, or six-year-old, that he had some pain,
11:06:47 7 vascular status was okay, but it looks like, on the
11:06:53 8 X ray at this time, there was an olecranon fracture.

11:06:57 9 Q. What is that?

11:06:58 10 A. Right here. (Indicating.)

11:06:59 11 Q. He had a fracture of his right elbow?

11:07:02 12 A. Yes. And that was put in a cast, a long-arm
11:07:05 13 cast.

11:07:06 14 Q. Okay.

11:07:07 15 A. And then that's record No. 13.

11:07:10 16 Fourteen is a follow-up. It appears he had a
11:07:21 17 follow-up visit a month later. And he's got full range
11:07:25 18 of motion of his elbow with good neurovascular status.
11:07:31 19 And I can't exactly read what this individual wrote, but
11:07:40 20 it looks like -- yes.

11:07:44 21 Q. Okay. So, thank you.

11:07:50 22 So, it appears, if I understand it, that he
11:07:53 23 broke his right elbow. The records show that he broke
11:07:56 24 his right elbow when he was about six?

11:07:59 25 A. Correct.

11:07:59 1 Q. And that about a month later, it appeared to
11:08:01 2 be healing normally?

11:08:02 3 A. Yes.

11:08:03 4 Q. Would that be a normal healing time for that
11:08:06 5 type of injury?

11:08:07 6 A. Yes.

11:08:08 7 Q. And would that injury, since it was on the
11:08:12 8 same arm as his wrist and hand injury that you saw him
11:08:17 9 for, would that have any -- would there be any lasting
11:08:23 10 effects from that elbow break that would have any effect
11:08:28 11 on the injuries that you saw him for?

11:08:31 12 A. I don't believe so.

11:08:32 13 Q. Okay. So, at the conclusion of your initial
11:09:01 14 visit with Mr. Ortega in August of '06, what was your
11:09:08 15 prognosis, I guess would be the right word?

11:09:13 16 A. My prognosis was, I thought he would probably
11:09:16 17 do well.

11:09:16 18 Q. What was the injury that he had?

11:09:18 19 A. I believe his injury was partly to the
11:09:22 20 ligaments, and there's tissue over the ligaments, the
11:09:25 21 retinaculum, and then there may have been some pressure
11:09:29 22 on one of the superficial nerves that innervate this
11:09:32 23 area. (Indicating.) And, typically, given time and
11:09:35 24 rest, they can do pretty well.

11:09:38 25 Q. Is that an injury to -- ~~is that an injury to~~

11:09:40 1 the muscle or to tendons?

11:09:43 2 A. It is a -- retinaculum is kind of a tissue
11:09:48 3 that kind of keeps everything in place, and then
11:09:51 4 ligament. So, the ligaments between the carpals. So,
11:09:54 5 it's a little bit different than tendon or bone or
11:09:57 6 muscle.

11:09:58 7 ~~And we have the super -- we have nerves, and~~
11:10:01 8 there's a superficial nerve that innervates this area,
11:10:05 9 and if you put enough pressure on it, it can sometimes
11:10:08 10 kind of not fire properly. But a lot of times, without
11:10:12 11 a frank injury, cutting or something like that, they can
11:10:15 12 come back, so....

11:10:16 13 Q. Would the two -- and would it be your
11:10:19 14 conclusion that those two conditions, the condition on
11:10:23 15 the wrist as well as the condition in the thumb area,
11:10:26 16 are related?

11:10:28 17 A. Related in the sense that he's -- an injury
11:10:32 18 that could have -- yes. I mean, something -- same thing
11:10:35 19 could have caused it, yes. Yes.

11:10:39 20 Q. Did Mr. Ortega, at any time between the time
11:10:44 21 or from the time he says that he was injured and the
11:10:49 22 time that he saw you, did he indicate that he had ~~any~~
11:10:51 23 ~~other~~ anything else that might have happened that
11:10:56 24 could have caused that injury?

11:10:57 25 A. No.

11:11:00 1 Q. Now, so, what treatment did you recommend?

11:11:12 2 A. I recommended that he be placed in a cast for
11:11:22 3 three weeks, a month, something like that.

11:11:25 4 ~~Q. So you recommended to place him in a --~~

11:11:27 5 ~~A. Yes.~~

11:11:27 6 Q. What type of a cast did you recommend that he
11:11:30 7 be placed in?

11:11:31 8 A. A short-arm, a short-arm cast.

11:11:34 9 Q. Could you describe what a short-arm cast is?

11:11:36 10 A. It basically goes from below the elbow to the
11:11:42 11 fingers, the palm, about here. (Indicating.)

11:11:44 12 ~~Q. And does that -- is that a permanent cast --~~

11:11:47 13 ~~A. No.~~

11:11:47 14 ~~Q. -- or is that a cast that can be removed?~~

11:11:50 15 ~~A. It's permanent in the sense that the patient~~
11:11:52 16 ~~can't take it off unless they worked hard. But it's not~~
11:11:56 17 ~~permanent. It's intended for about a month.~~

11:12:01 18 Q. So he would have to wear that for about a
11:12:03 19 month?

11:12:04 20 A. Yes.

11:12:05 21 Q. But it's not -- it's not a plaster cast?

11:12:10 22 A. It is a plaster cast.

11:12:11 23 ~~Q. It is a plaster cast?~~

11:12:14 24 ~~A. Yes. If I hesitate with "permanent," a month~~
11:12:18 25 ~~is not, you know....~~

11:12:19 1 ~~Q. I'm sorry. That might have been a poor choice~~
11:12:21 2 ~~of words on my part. What I was referring to was a cast~~
11:12:24 3 ~~that could be taken off every night when they're~~
11:12:27 4 ~~sleeping or showering, something like that.~~

11:12:29 5 ~~A. No.~~

11:12:31 6 Q. And did you put that cast on him?

11:12:34 7 A. No, I did not.

11:12:36 8 Q. Would he be referred to another department at
11:12:38 9 Kaiser for that?

11:12:39 10 A. No. It would be done within our department by
11:12:42 11 one of our cast technicians.

11:12:47 12 Q. And did you recommend any other treatment for
11:12:53 13 him that day?

11:12:54 14 A. No, I did not.

11:12:56 15 Q. Did you prescribe any medication for him?

11:13:00 16 A. I did -- I may have given him Motrin. Or he
11:13:08 17 had been taking Motrin, which would have been
11:13:11 18 appropriate.

11:13:36 19 Yes, it appears he had a prescription for
11:13:38 20 Motrin prior to seeing me. And so far as my treatment
11:13:42 21 plan, it was short-arm cast for three weeks and continue
11:13:45 22 taking his Motrin. Someone else had given him a
11:13:54 23 prescription.

11:13:57 24 Q. ~~Did he -- I may have asked you this already.~~
11:14:00 25 ~~If I did, I apologize.~~ Did he complain of any pain in

11:14:03 1 any other area of his body?

11:14:06 2 A. I don't recall. Usually what would happen, if
11:14:10 3 he did, I would document it. But I don't see that
11:14:12 4 documented.

11:14:13 5 Q. So your treatment was only for this just wrist
11:14:15 6 and the hand area?

11:14:17 7 A. Correct.

11:14:24 8 Q. Would a cast -- is a cast of this type a
11:14:28 9 normal treatment for this type of injury?

11:14:32 10 A. For ligamentous injury and -- yes, it is.
11:14:37 11 Basically, you want the patient to kind of take the
11:14:40 12 strain off the ligaments. So, by moving it, you --
11:14:44 13 there's forces going across these, and by putting them
11:14:49 14 in a cast, you limit somebody's movement and it can help
11:14:52 15 decrease the pain. It can also help ligaments kind of
11:14:55 16 get stiff. That's what we do.

11:14:58 17 ~~Q. Now, you had indicated that when you first saw~~
11:15:00 18 ~~Mr. Ortega, that he said that the injury had occurred~~
11:15:03 19 ~~about three or three and a half months prior? Do you~~
11:15:07 20 ~~have any way of determining whether or not the injury~~
11:15:11 21 ~~could have gotten better or worse during that~~
11:15:15 22 ~~three-and-a-half-month period before you first saw him?~~

11:15:18 23 A. The way you determine it would be asking the
11:15:22 24 patient: "Is this worse or better?"

11:15:25 25 ~~Q. So, do you remember if you did ask him that?~~

11:15:27 1 A. ~~No, I do not remember if I asked him that.~~

11:15:33 2 Q. ~~Your notes don't reflect that?~~

11:15:35 3 A. ~~No, they don't. They don't.~~

11:15:38 4 Q. ~~Now, when you -- during your treatment of Mr.~~

11:15:43 5 Ortega -- and I'm not limiting that to just the date

11:15:45 6 that you saw him -- did you consult with any of his

11:15:49 7 other physicians at Kaiser regarding his injury?

11:15:54 8 A. I spoke to a hand surgeon regarding the sort
11:16:01 9 of numbness in the area and I believe there was some
11:16:06 10 question about whether he could work or not. And the
11:16:12 11 hand surgeon basically said those typically, if I recall
11:16:15 12 right, resolve and, yes, there's no problem with working
11:16:20 13 as far as that injury goes.

11:16:23 14 Q. When you say a problem with him working, are
11:16:26 15 you talking about in the long term or are you talking
11:16:28 16 about during the time that he was being treated?

11:16:32 17 A. Following the casting. So, when you're in a
11:16:34 18 cast, you can't do much, but afterwards, for the -- sort
11:16:38 19 of the decreased sensation, his muscle strength is
11:16:42 20 strong for that same nerve, so, yes, there's no reason
11:16:45 21 why he can't lift and do stuff for that part.

11:17:07 22 Q. Now, you then saw Mr. Ortega a second time; is
11:17:14 23 that correct?

11:17:15 24 A. That is correct.

11:17:16 25 Q. And when was that second visit?

11:17:20 1 A. September 19th, 2006.

11:17:28 2 Q. Was that a routine follow-up appointment?

11:17:31 3 A. Correct.

11:17:32 4 Q. And what did you do in terms of examining Mr.
11:17:40 5 Ortega on that day?

11:17:42 6 A. I -- well, the cast was removed, and then did
11:17:45 7 sort of the same thing again, range of motion, palpation
11:17:50 8 and then light touch and then testing muscle function.

11:17:55 9 Q. And what were your conclusions regarding his
11:18:07 10 condition on September 19th of '06?

11:18:10 11 A. It essentially resolved. He had no -- he had
11:18:13 12 full range of motion in his wrist, he had no tenderness
11:18:15 13 to palpation over the ligaments where it had been
11:18:21 14 tender, and decreased sensation with light touch had
11:18:23 15 resolved. He felt things equally on side to side.

11:18:28 16 Q. And so he was not -- was no longer complaining
11:18:31 17 of any ongoing pain?

11:18:34 18 A. No. At that point ~~he was -- he was -- he~~
11:18:37 19 ~~was -- you know~~, when I pressed on him, it didn't hurt,
11:18:40 20 he had no pain with resistive movement, and that he did
11:18:49 21 feel things when I touched him.

11:19:07 22 Q. I'm going to show you X rays that have been
11:19:10 23 marked as Exhibits 1 through 12. I'll give those to you
11:19:24 24 and if you could take a look at those.

11:19:30 25 A. (Reviews X rays.)

11:19:35 1 Q. ~~If you need to organize them in some way,~~
11:19:38 2 ~~that's fine. They're in the order that I received them,~~
11:19:40 3 ~~but they're not in any special order, so....~~

11:19:44 4 A. ~~Okay. (Reviews X rays.) Okay.~~

11:21:10 5 Q. Now, are these X rays that you ordered or were
11:21:13 6 they ordered by a different doctor?

11:21:15 7 A. It seems to be both. Some of these were taken
11:21:18 8 on May 8th, which is before I saw the patient. And
11:21:22 9 there appears to be at least one of these -- ~~I have to~~
11:21:26 10 ~~go back and check these~~ from August 29. This would
11:21:31 11 have been when I saw him.

11:21:32 12 Q. Do you know which ones were ordered on May
11:21:35 13 8th?

11:21:36 14 A. Yes. ~~Let's pick them out here.~~

11:22:08 15 These are May 8th.

11:22:09 16 Q. Now, so, let me ask you first, with regard --
11:22:11 17 I'm going to just -- for the record, the X rays that are
11:22:15 18 dated May 8th are Exhibits 5, 6, 7, 8, 9, 10 and 11.

11:22:27 19 So, with regard to these ~~exhibits~~ excuse
11:22:31 20 ~~me~~ these X rays, first, did you look at those X rays
11:22:35 21 at the time that you were treating Mr. Ortega?

11:22:38 22 A. I believe I did.

11:22:40 23 Q. And what ~~do these X rays~~ -- or what are these
11:22:44 24 X rays of?

11:22:45 25 A. These are X rays of a right wrist.

11:22:48 1 Q. And can you draw any conclusions about Mr.
11:22:53 2 Ortega's condition based on these X rays on May 8?

11:22:58 3 A. ~~You can say he did not have a fracture and~~
11:23:03 4 ~~let me take that back.~~

11:23:06 5 When I saw him on the 29th -- you can --
11:23:13 6 sometimes a kid can have a fracture on a growth plate
11:23:17 7 which doesn't show up on an X ray. Having X rays the
11:23:21 8 29th means -- they look exactly the same, growth plate
11:23:27 9 looks fine. That means essentially that had there been
11:23:30 10 a fracture that was serious and it shifted or moved, you
11:23:37 11 would see that.

11:23:38 12 Q. ~~So you would be able to tell --~~ so you would
11:23:42 13 be able to tell some difference between his X rays on
11:23:45 14 May 8th and August 29th if there was a fracture?

11:23:49 15 A. Yes. What I'm looking for is any change. And
11:23:52 16 sometimes you have an X ray that's negative and still --
11:23:53 17 a kid can still have a fracture, but....

11:23:57 18 Q. Now, do these X rays show anything else about
11:24:00 19 his condition other than he doesn't have a fracture?

11:24:04 20 A. It shows that the ligament -- the bones are in
11:24:10 21 the right place. Sometimes you have a ligamentous
11:24:15 22 injury and the bones can be out of place, and these
11:24:17 23 appear to be in place.

11:24:18 24 Q. Can you tell anything about -- from these
11:24:20 25 X rays, again, these May 8 X rays, with regard to the

11:24:25 1 condition that you treated him for, with respect to the
11:24:28 2 injuries to the back of his wrist and his thumb?

11:24:32 3 A. If I look at both sets of X rays, I can see
11:24:35 4 there was no fracture. Had there been a fracture, it
11:24:40 5 was not significant at this point. And that the pattern
11:24:44 6 where the bones are appears exactly the same, so my
11:24:47 7 suspicion, there was any kind of dislocation or any
11:24:51 8 fracture, it was minimal, and there wasn't.

11:24:55 9 Q. ~~Now, let me -- just for the record,~~ I'm going
11:24:57 10 to show you what's been marked as Exhibits 1, 2, 3, 4
11:25:02 11 and 12. If you could take a look at those.

11:25:08 12 A. Sure. (Reviews X rays.) Okay.

11:25:48 13 Q. And these are the X rays that you ordered on
11:25:50 14 August 29?

11:25:51 15 A. Right.

11:25:52 16 Q. ~~And so your --~~ you said that your conclusion
11:25:56 17 is that there was no fracture based on your review of
11:25:59 18 both sets of X rays?

11:26:02 19 A. Had there been -- sometimes you can't say for
11:26:04 20 sure that there was -- that the pediatric patient didn't
11:26:11 21 have a fracture, but that it was not significant,
11:26:12 22 because here the X rays are exactly the same,
11:26:14 23 three-and-a-half-, four-month interval. So, there is
11:26:19 24 nothing here that would change what I would do in an
11:26:22 25 extraordinary way.

11:26:22 1 Q. ~~Can you tell anything from these X rays, based~~
11:26:25 2 ~~on -- you had said his injuries which were his -- I~~
11:26:30 3 ~~believe you said his ligaments.~~ Can you tell those
11:26:33 4 kinds of injuries from these types of X rays?

11:26:36 5 A. You can get a hint. If somebody has got a bad
11:26:40 6 ligament problem, you can see it, distance between two
11:26:43 7 bones increasing, and I don't see that here. And you
11:26:45 8 can see the angles sometimes change, and I don't see
11:26:48 9 that at all.

11:26:50 10 Q. Okay. Okay. So, on September 19th, when you
11:27:18 11 saw him the second time, you indicated his cast was
11:27:21 12 removed, that he ~~appeared to be -- I'm not putting words~~
11:27:24 13 ~~in your mouth, but he was essentially healed,~~ his issues
11:27:27 14 were essentially resolved?

11:27:28 15 A. That's what I felt.

11:27:30 16 Q. Did you prescribe anything else for him at
11:27:33 17 that time?

11:27:33 18 A. A wrist splint.

11:27:37 19 Q. What would that be for?

11:27:39 20 A. Largely for kind of a transition. When you
11:27:42 21 remove a cast from somebody, sometimes they're stiff. A
11:27:44 22 splint reminds them that something has been going on,
11:27:49 23 gives them some support, reminds them that they had an
11:27:57 24 injury. At the same time, it allows them some freedom
11:28:01 25 to start moving their wrist, in this case.

11:28:04 1 Q. And a splint would be something that someone
11:28:07 2 could take on and off at their -- by themselves?

11:28:10 3 A. Absolutely.

11:28:12 4 Q. And how long did you indicate to Mr. Ortega he
11:28:14 5 should use a wrist splint?

11:28:16 6 A. I believe I said two to three weeks. It's
11:28:19 7 typically what we would do for something like this.

11:28:26 8 Q. What was your prognosis of his injury on
11:28:32 9 September 19?

11:28:33 10 A. ~~I thought he would do~~ I thought he
11:28:36 11 essentially had resolved.

11:28:38 12 Q. ~~Did you~~ so, did you schedule a follow-up --

11:28:43 13 A. No, I did not.

11:28:44 14 Q. Okay. And so you never saw him again after
11:28:47 15 September 19?

11:28:48 16 A. No, I did not.

11:28:52 17 Q. At any point did you note anything else in his
11:28:57 18 medical records that could have been a contributing
11:28:59 19 cause to his injuries besides what he said caused the
11:29:03 20 injury?

11:29:05 21 A. No. But for an injury, ~~something like this,~~ a
11:29:07 22 ~~lot of times we don't~~ we do a very focused workup, so
11:29:11 23 we kind of focus on what's going on. And my judgment,
11:29:16 24 given what I saw on the X rays, there probably would be
11:29:22 25 low yield looking for -- particularly after somebody is

11:29:25 1 better, you casted them, they're fine, there's no point
11:29:29 2 looking further for other reasons when somebody is
11:29:31 3 better. It just doesn't make sense. We have time
11:29:35 4 constraints in what we do.

11:29:38 5 Q. Okay.

11:29:53 6 ~~In the interest of time, could I take a look~~
11:29:55 7 ~~at his records here? And, Jim, do you want -- do you~~
11:29:59 8 ~~have any follow-up questions?~~

11:30:01 9 MR. HIGA: Yes, I have a few, but not very
11:30:03 10 many.

11:30:07 11 ~~(Discussion off the record.)~~

11:30:07 12 EXAMINATION BY MR. HIGA

11:30:11 13 MR. HIGA: Q. Good morning, Doctor. My name
11:30:13 14 again is James Higa. I represent ~~one of the other~~
11:30:15 15 ~~defendants in this case,~~ Officer Ramon Alcantar. And I
11:30:20 16 just have some follow-up questions.

11:30:23 17 Back to the first visit that you had with
11:30:26 18 Benjamin Ortega in August of 2006, did you recall seeing
11:30:33 19 any swelling in his right wrist or thumb area as you
11:30:39 20 described?

11:30:39 21 A. No.

11:30:40 22 Q. Did you recall seeing any other discoloration
11:30:43 23 in those areas you described?

11:30:45 24 A. I would have to look, but if I -- my
11:30:48 25 recollection is, no, there wasn't. There was none.

11:32:04 1 A. ~~That's correct.~~

11:32:05 2 Q. Is this pattern of injury, taken in totality,
11:32:09 3 is this something that you commonly see in your practice
11:32:14 4 over the past three years?

11:32:15 5 A. I mean, I see a lot of ligamentous injury,
11:32:18 6 yes.

11:32:20 7 Q. Now, drawing on your experience over the past
11:32:22 8 three years, based on the description of how this injury
11:32:27 9 occurred that Mr. Ortega gave you, ~~is that a~~ is that
11:32:32 10 a common scenario for injuries of this type, in your
11:32:36 11 experience over the past three years?

11:32:39 12 A. It's -- yes. Anytime you stretch a joint
11:32:41 13 enough, you can stretch the ligaments and capsules, so,
11:32:45 14 yes.

11:32:45 15 Q. And his particular injury as you described it,
11:32:53 16 is there anything about his description of that injury,
11:32:56 17 you know, as you did your testing on his wrist, ~~is~~
11:33:03 18 ~~that -- was that consistent with the injury that he --~~
11:33:06 19 ~~excuse me.~~ Was that consistent with the mode of injury
11:33:10 20 that he described?

11:33:12 21 A. Yes. It's not inconsistent. I put it that
11:33:15 22 way. We rely on what people tell us when they come in.
11:33:19 23 But if you stretch an ankle or a wrist far enough, you
11:33:22 24 can stretch out the ligaments and sometimes it takes a
11:33:25 25 little time for those to tighten up. Yes.

11:35:13 1 ~~A. For the numbness, no. (indicating.) Probably~~

11:35:16 2 not. For the ligaments, kind of -- "exacerbated" is a
11:35:22 3 strong word. Sometimes things percolate a little longer
11:35:26 4 than necessary, but barring any major stuff, usually,
11:35:29 5 you know, if you don't do anything, other trauma, fall
11:35:34 6 off a motorcycle, usually it will get better.

11:35:42 7 MR. HIGA: I think those are all the questions
11:35:43 8 I have.

11:35:43 9 FURTHER EXAMINATION BY MR. VOSE

11:35:44 10 MR. VOSE: Q. I just have one other question
11:35:46 11 and I'll try to formulate it so it makes sense.

11:35:53 12 The type of injury that occurred on -- again,
11:35:57 13 I'm referring to the top of the wrist area. Would that
11:36:03 14 ~~injury be caused or could that injury be caused -- or~~
11:36:07 15 how would that kind of an injury typically be caused?
11:36:09 16 ~~Let me ask you that, first.~~

11:36:12 17 A. ~~If it's~~ there's two things. ~~So, if it's --~~
11:36:14 18 ~~and~~ it's difficult to say for sure, but if you have a
11:36:18 19 retinaculum, soft tissue, you stretch it, it's
11:36:21 20 irritated. Stretch it -- at the same time, you could be
11:36:23 21 stretching out the ligaments. So, either one of these
11:36:25 22 are perfectly plausible injuries, mechanism of injury,
11:36:33 23 can be treated the same way. So, basically, you stretch
11:36:36 24 it and you kind of stretch out the whole tissue, soft
11:36:40 25 tissue, and people feel discomfort, pain, so.... And

11:36:45 1 then, you know, without necessarily tearing it, where
11:36:49 2 you need to go in to operate or anything like that.

11:36:52 3 Q. So, typically, that type of injury, then, if I
11:36:55 4 understand, would be caused by a stretching kind of an
11:36:59 5 action on that ligament?

11:37:02 6 A. Yes, more likely.

11:37:04 7 ~~Q. Now, would -- could that kind of injury be~~
11:37:08 8 ~~caused simply by putting pressure, without any movement,~~
11:37:11 9 ~~but simply pressure on that injury -- or on that~~
11:37:16 10 ~~ligament? Excuse me.~~

11:37:17 11 A. A little surprising, just pressure. And if
11:37:19 12 you fell -- I've seen people fall and they've done that
11:37:24 13 (demonstrating), and that's done. But just pushing on
11:37:26 14 it....

11:37:30 15 Q. Is that a "no" or "unlikely"?

11:37:33 16 A. It's unlikely.

11:37:35 17 Q. So it really is a stretching kind of an
11:37:37 18 injury?

11:37:38 19 A. Yes.

11:37:38 20 Q. Okay. When you examined Mr. Ortega on August
11:37:45 21 29, did you notice any injury to the -- to his skin in
11:37:54 22 the area of the injury?

11:37:55 23 A. Not -- no. Typically, we -- we're not
11:37:58 24 perfect. We try to write these things down. But, for
11:38:01 25 ~~example, I've had patients who see (sic) obvious~~

11:38:04 1 ~~scarring or it's a fresh injury, then you see these~~
11:38:07 2 ~~things. We try to write them down the best we can. I~~
11:38:10 3 ~~didn't write any of that down, so my assumption is that~~
11:38:13 4 ~~there was no swelling and there was no scarring there.~~

11:38:15 5 ~~MR. VOSE: Okay. Okay. That's it for me.~~

11:38:20 6 ~~EXAMINATION BY MR. JACOBSEN~~

11:38:21 7 ~~MR. JACOBSEN: Q. Dr. Hancy, my name is~~
11:38:23 8 ~~Steven Jacobsen. I represent your patient, Benjamin~~
11:38:27 9 ~~Ortega. I do have a few questions for you.~~

11:38:29 10 Your diagnosis on August 29 was a ligamentous
11:38:35 11 strain, correct?

11:38:36 12 A. Right.

11:38:36 13 Q. But you also had:

11:38:37 14 "Differential diagnosis also includes
11:38:40 15 synovial fibrosis/impingement following
11:38:53 16 ligamentous injury."

11:38:55 17 A. Sometimes if you damage the capsule of the
11:38:58 18 joint, so, for example, if you take an ankle, you can
11:39:02 19 get -- inside the joint capsule is what we call
11:39:05 20 synovium. That's where it lines the joint. Sometimes
11:39:08 21 that tissue can react by getting a little thickened and
11:39:11 22 irritated and you can get a synovitis. We see a lot
11:39:17 23 more ankle injuries and that happens. It's not rare.
11:39:20 24 You do see it a lot in ankle injuries.

11:39:25 25 Q. At the time you saw Mr. Ortega, you felt that

11:39:27 1 that was also a possibility in his case?

11:39:30 2 A. Uh-huh.

11:39:30 3 Q. Yes?

11:39:31 4 A. If I wrote it as part of the differential,
11:39:34 5 it's out there as a possibility.

11:39:36 6 Q. When you saw him again on September 19, was
11:39:42 7 that no longer part of your diagnosis?

11:39:46 8 A. Essentially, when I saw him on the 19th, he
11:39:49 9 was significantly better or resolved. So, in essence,
11:39:51 10 whether it was synovitis or a retinaculitis or a
11:39:57 11 ligament strain, it's gone. He's better. So, we just
11:40:00 12 kind of -- we don't go working up what it could have
11:40:03 13 been if it's all gone.

11:40:06 14 Q. Now, on the 19th of September, when you saw
11:40:09 15 him for the second time, your records indicate that your
11:40:13 16 assessment was "ligamentous strains improved," correct?

11:40:18 17 ~~A. Uh-huh.~~

11:40:19 18 ~~Q. Yes?~~

11:40:19 19 A. Yes.

11:40:21 20 Q. But you didn't say "resolved" at that time,
11:40:23 21 correct?

11:40:24 22 A. No, I did not use the word "resolved," but he
11:40:26 23 had no tenderness over there, so I probably could have
11:40:29 24 been stronger and said "resolved."

11:40:32 25 Q. Did he have decreased sensation to light touch

11:40:37 1 when you saw him for the second time?

11:40:39 2 A. I believe not. If I look at the assessment,
11:40:42 3 when it says "gross sensation intact," I think what you
11:40:46 4 see above that, "decreased light touch over dorsal
11:40:54 5 aspect of radius," I think that is a typo. Sometimes
11:40:57 6 we, you know -- the most accurate thing is the
11:41:02 7 assessment and plan. Sometimes in the history, people
11:41:05 8 occasionally forget to change things. But when I do my
11:41:09 9 assessment and plan, I wrote "gross sensation intact,
11:41:12 10 muscle strength 5 out of 5," so my assumption is, that
11:41:16 11 had resolved.

11:41:19 12 Q. Is there a certain percentage of patients with
11:41:22 13 this type of ligamentous strain whose injuries do not
11:41:27 14 fully resolve?

11:41:31 15 A. I'm sure there is, but I don't -- it depends
11:41:33 16 on a lot of things. If you, you know, if you come down
11:41:37 17 on a motorcycle and turn, that's one thing. You've got
11:41:42 18 to always think about how much trauma is involved and
11:41:45 19 then how they, you know, how they are.

11:41:48 20 ~~I mean, I have a hard time understanding why,~~
11:41:51 21 ~~if you're better here, then why it gets worse again. If~~
11:41:55 22 ~~this was not going to resolve, my expectation is, when I~~
11:41:58 23 ~~saw him on the follow-up, he would still be really~~
11:42:01 24 ~~tender over his ligaments. I've had that before, in~~
11:42:05 25 ~~which case we work it up further. He didn't at the~~

:42:08 1 ~~time.~~

:42:08 2 Q. Now, you're comparing this injury to an injury
:42:11 3 that would be suffered by someone who, for example, had
:42:14 4 fallen off a motorcycle, correct?

:42:17 5 A. ~~Uh-huh.~~

:42:17 6 ~~Q. Yes?~~

:42:17 7 A. Yes.

:42:19 8 Q. In this case, if the injury were sustained not
:42:23 9 due to a fall or an accident, but merely by having
:42:27 10 someone bend the wrist down, would there have to be a
:42:35 11 large amount of force applied to the wrist to achieve
:42:38 12 this type of injury similar to what would occur in a
:42:42 13 fall from a motorcycle?

:42:44 14 ~~MR. HIGA: Objection; incomplete hypothetical.~~

:42:46 15 ~~You can go ahead and answer.~~

:42:48 16 THE WITNESS: You would have to have a lot of
:42:49 17 force to do it. I guess the question is, you know, if
:42:51 18 you can get that force not from a motorcycle, yes. ~~I~~
:42:56 19 ~~mean, force is, yes, it's force, but, you know...~~

:43:00 20 MR. JACOBSEN: Q. How would you describe the
:43:02 21 amount of force that would be necessary to cause this
:43:05 22 type of injury?

:43:07 23 A. I, you know, I have a hard time saying exactly
:43:15 24 how much force is necessary. We rely on what the
:43:18 25 patient tells us. We rely on how they do.

11:43:21 1 So, for example, here, he had pain, simple
11:43:26 2 casting, pain went away. Tells me that there probably
11:43:31 3 wasn't as much force as a, you know, a -- somebody on a
11:43:35 4 motorcycle coming down on their wrist, or I had a
11:43:41 5 patient very similar who had wrist problems. He was
11:43:43 6 riding his bike and, you know, 30 miles an hour, hit a
11:43:47 7 car door. That's a lot of force.

11:43:49 8 So, I mean, I don't know. I don't know how
11:43:52 9 much force anyone -- the police officers did on him, but
11:43:55 10 he's clearly better three weeks later from simply
11:43:58 11 casting. So, I don't know what to say, how much force.

11:44:08 12 ~~Q. Now, if the patient still has symptoms with~~
11:44:13 13 ~~activity now, two years post-incident, would you expect~~
11:44:22 14 ~~that those symptoms would be continuing?~~

11:44:25 15 MR. HIGA: Objection; incomplete hypothetical,
11:44:26 16 lacks foundation, assumes facts not in evidence.

11:44:31 17 MR. JACOBSEN: Q. Absent any other additional
11:44:33 18 trauma.

11:44:34 19 A. I would have a hard time understanding --
11:44:36 20 again, if you're better here, my expectation is you're
11:44:41 21 better. It's a little bit more mechanically hard to
11:44:45 22 understand, you know, a significant tear that gets
11:44:47 23 better and then is suddenly worse again.

11:44:51 24 If it was a significant strain or tear, my
11:44:53 25 ~~expectation was, at follow up, it still would have been~~

11:44:57 1 ~~painful. That's my expectation.~~

11:45:00 2 ~~Q. What I'm asking you, Doctor, is to assume for~~
11:45:02 3 ~~purposes of this question that with activity, Mr. Ortega~~
11:45:05 4 ~~continues to experience some pain in his wrist.~~
11:45:08 5 ~~Assuming that to be true, would you expect his injuries~~
11:45:11 6 ~~to spontaneously resolve or would you expect him to~~
11:45:15 7 ~~continue?~~

11:45:17 8 ~~MR. HIGA: Same objections.~~

11:45:19 9 ~~THE WITNESS: If he's -- if it's still going~~
11:45:21 10 ~~on, you know, two years after I had seen him, it's hard~~
11:45:28 11 ~~to say. I mean, somebody needs to take a look at this.~~
11:45:31 12 ~~So, for me to say my -- I don't know. I mean, you would~~
11:45:37 13 ~~have to take a look at him, you have to maybe do an exam~~
11:45:40 14 ~~and give another test or something. If it shows reason~~
11:45:44 15 ~~that -- for the continuing pain, that might be helpful.~~
11:45:48 16 ~~If it doesn't show anything, then, medically, it's~~
11:45:52 17 ~~difficult to say why.~~

11:45:53 18 MR. JACOBSEN: Q. Are you aware of any
11:45:56 19 problems that Mr. Ortega had with his right wrist prior
11:46:00 20 to the incident of May 7th, 2006?

11:46:03 21 A. No, I'm not.

11:46:07 22 Q. Given the history that you're aware of with
11:46:10 23 Mr. Ortega and your observations and your review of the
11:46:14 24 records, is it your opinion that the problems for which
11:46:21 25 you saw him were caused by the incident that he

11:46:25 1 described in which his wrist was bent down by a police
11:46:30 2 officer?

11:46:31 3 A. I rely on what people tell me and, you know, I
11:46:36 4 rely on what the patient tells me.

11:46:41 5 Q. And given your experience and training, is
11:46:43 6 that consistent with what he told you?

11:46:46 7 A. It goes -- I mean, I wasn't there. I don't
11:46:48 8 know how much the wrist was bent, but, theoretically,
11:46:52 9 yes, it could happen and -- but, you know, it's -- yes.

11:46:59 10 MR. JACOBSEN: Thank you, Doctor.

11:47:02 11 MR. HIGA: I have nothing.

11:47:06 12 THE VIDEOGRAPHER: This concludes the
11:47:08 13 deposition of Dr. Sean Haney, M.D. The present time is
11:47:11 14 11:47. The electronic record contains one video disk,
11:47:18 15 the originals to be retained by Televideo Production
11:47:21 16 Services at 3655 Grand Avenue in Oakland, California,
11:47:25 17 94610, phone, (510) 893-0555. Copies are available to
11:47:33 18 interested parties unless otherwise stipulated.

11:47:36 19 We're now off the record.

11:47:38 20 (Deposition adjourned at 11:47 a.m.)

21 --oOo--

22

23

24

25

CERTIFICATE OF WITNESS

I, SEAN M. HANEY, M.D., do hereby declare under penalty of perjury that I have read the foregoing transcript of my deposition; that I have made such corrections as noted herein, in ink, initialed by me, or attached hereto; that my testimony as contained herein, as corrected, is true and correct..

EXECUTED this _____ day of _____,
2008, at _____, _____.
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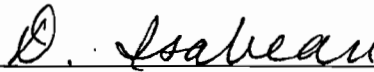
SEAN M. HANEY, M.D.

1 STATE OF CALIFORNIA) ss.

2 COUNTY OF SAN MATEO)

3
4 I, Dominique Isabeau, CSR No. 7076, a Certified
5 Shorthand Reporter in and for the State of California
6 and disinterested person, do hereby certify that prior
7 to being examined, the witness named in the foregoing
8 deposition was by me duly sworn to testify the truth,
9 the whole truth, and nothing but the truth, in the
10 within entitled cause; that said deposition was taken
11 before me at the time and place therein stated and was
12 thereafter transcribed into typewriting under my
13 direction; that the foregoing pages are a true record of
14 all proceedings and testimony as reported to the best of
15 my ability; that the witness was given an opportunity to
16 read, correct and sign the deposition transcript.

17 I further certify that I am not related to any
18 party or counsel or attorney for any of the parties in
19 the foregoing deposition or in any way interested in the
20 outcome of the action herein.

21
22 

23 DOMINIQUE ISABEAU, CSR No. 7076

24 DATED: July 23, 2008

AUG 01 2008

U.S. Legal Support, Inc.
180 Montgomery Street, Suite 2180
San Francisco, California 94104

Sean M. Haney, M.D.
Kaiser Permanente Medical Center
235 West MacArthur Boulevard, Room 669
Oakland, California 94611

Re: Miguel Ortega, et al., v. City of Oakland,
et al.

Date of deposition: July 21, 2008

Dear Dr. Haney:

The original transcript of your deposition taken in the above-referenced matter is available for reading, correcting and signing at the San Francisco office of U.S. Legal Support, Inc.

If it is more convenient to read a copy of the transcript and waive signature of the original transcript, please notify said office by letter sent certified or registered mail of any changes made.

In the event you do not sign your deposition transcript within thirty (30) days of receipt of this letter, it may be used with the full force and effect as though it had been read, corrected and signed.

If you wish to arrange an appointment to review the original transcript, please contact U.S. Legal Support at (415) 362-4346.

Sincerely,

Dominique Isabeau
CSR No. 7076

cc: Steven R. Jacobsen, Attorney at Law
Charles Vose, Attorney at Law
James Y. Higa, Attorney at Law
The deponent

original: Original transcript

PROOF OF SERVICE BY FAX & MAIL

I declare under penalty of perjury, under the laws of the State of California, that: I am employed in the County of Alameda; I am over the age of eighteen years and not a party to the within action; my business address is 901 Clay Street, Oakland, California 94607; on the date below written I served a copy of the attached

PLAINTIFF'S DEPOSITION DESIGNATIONS
OF THE TESTIMONY OF DR. SEAN HANEY

inn respondent City of Oakland by placing true copies thereof in sealed envelopes, with postage fully prepaid, in the United States mail at Oakland, California, addressed and by facsimile transmission to the facsimile numbers listed below:

John J. Verber, Esq.
James Higa
BURHAN BROWN
1901 Harrison St., 11th Floor
Oakland, CA 94612
Facsimile No. (510) 835-6666

Counsel for defendant
RAMON J. ALCANTAR

Executed at Oakland, California on November 5, 2008.


BRENDA D. POSADA

PROOF OF SERVICE

John J. Verber, State Bar No. 139917
 James Y. Higa, State Bar No. 225683
 BURNHAM BROWN
 A Professional Law Corporation
 P.O. Box 119
 Oakland, California 94604

 1901 Harrison Street, 11th Floor
 Oakland, California 94612
 Telephone: (510) 444-6800
 Facsimile: (510) 835-6666
 Email: jverber@burnhambrown.com
 jhiga@burnhambrown.com

Attorneys for Defendant
 RAMON J. ALCANTAR individually and in his capacity as
 a police officer for the City of Oakland

UNITED STATES DISTRICT COURT

FOR THE NORTHERN DISTRICT OF CALIFORNIA

MIGUEL ORTEGA, BENJAMIN ORTEGA,
 a minor, by and through his Guardian Ad
 Litem, ANA ROSA ORTEGA

Plaintiff,

v.

CITY OF OAKLAND, OAKLAND POLICE
 DEPARTMENT, WAYNE TUCKER, in his
 capacity as the Police Chief of the City of
 Oakland, RAMON J. ALCANTAR
 individually and in his capacity as a police
 officer for the City of Oakland, and DOES 1
 THROUGH 200, inclusive,

Defendants.

No. C-07-02659 JCS

**DEFENDANT RAMON J. ALCANTAR'S
 APPENDIX A: JOINT EXHIBIT LIST**

APPENDIX A: JOINT EXHIBIT LIST

EXH#	Description	Bates	When Offered	When Received	Limitations
1	Oakland Police Department Use of Force Policy Handbook, Effective Date February	ALC000001- ALC000053			

DEF RAMON J. ALCANTAR'S APPENDIX A: JOINT 1
 EXHIBIT LIST

No. C-07-02659 JCS

1		17, 2006			
2	2	Oakland Police Department Use of Force Policy Handbook, Effective Date August 1, 2007	ALC000054- ALC000141		
3					
4	3	Photographs of Plaintiff BENJAMIN ORTEGA, taken May 7, 2006	ALC000142- ALC000144		
5					
6	4	Internal Affairs Complaint Investigation Report 06-0902	ALC000145- ALC000164		
7					
8	5	Kaiser Permanente Medical Records	ORT000165- ORT000177		
9					
10	6	Documents summarizing medical records and determining reasonable value from G.O.A.L	ORT000178- ORT000179		
11					
12	7	Roger Clark's Expert Report and attachments	ORT000180- ORT000200		
13					
14	8	Roger Clark's Curriculum Vitae	ORT000201- ORT000206		
15					
16	9	OPD General Order K-4.1 "Force Review Board"	ORT000207- ORT000224		
17					
18	10	CAD Purge Printout	ORT000225- ORT000234		
19					
20	11	CD copy of radio transmissions for the subject incident			
21					
22	12	OPD Report Writing Manual (dated December, 1993)	ORT000236- ORT000478		
23					
24	13	Defendant Ramon Alcantar's Response to Request for Production of Documents, Set No.1	ORT000479- ORT000484		
25					
26	14	Defendant Ramon Alcantar's Response to Interrogatories Set One	ORT000485- ORT000494		
27					
28	15	All exhibits to the Depositions transcript of Roger A. Clark	ORT000495- ORT000626		
	16	Maps and satellite views of the incident scene	ORT000627- ORT000630		
		POST training Domain #1: History,	ORT000631- ORT000729		

17	Professionalism and Ethics				
18	POST training Domain #2: Criminal Justice System	ORT000730-ORT000787			
19	POST training Domain #11: Juvenile Law and Procedure	ORT000788-ORT000855			
20	POST training Domain #15: Laws of Arrest	ORT000856-ORT000998			
21	POST training Domain #18: Investigative Report Writing	ORT000999-ORT001126			
22	POST training Domain #20: Use of Force	ORT001127-ORT001241			
23	POST training Domain #21: Patrol Techniques	ORT001242-ORT001342			
24	POST training Domain #24: Handling Disputes/Crowd Control	ORT001343-ORT001481			
25	POST training Domain #33: Arrest Methods/Defensive Tactics	ORT001482-ORT001618			
26	POST training Domain #42: Cultural Diversity/Discrimination	ORT001619-ORT001754			

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